

State of Hawai`i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch

RFP No. HTH-121-2-B
Core HIV Prevention Services for
Women on O`ahu

October 12, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

REQUEST FOR PROPOSALS

CORE HIV PREVENTION SERVICES FOR WOMEN ON O`AHU RFP No. HTH-121-2-B

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV prevention services to women on O`ahu at risk for transmitting or contracting HIV. Services shall include primary prevention interventions for people living with HIV; HIV antibody counseling, testing and referral; individual-level interventions; and outreach. Services may also include prevention case management. The contract term will be from July 1, 2005 through June 30, 2006. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch will conduct an orientation on November 16, 2004 at 9:30 a.m. in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on December 3, 2004. All written questions will receive a written response from the State on or about December 10, 2004.

Inquiries regarding this RFP should be directed to the RFP contact persons, Mr. Timothy McCormick at 3627 Kilauea Avenue #304, Honolulu, Hawai`i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: tjmccorm@camhmis.health.state.hi.us; or Mr. Ray Higa at 3627 Kilauea Avenue #306, Honolulu, Hawai`i 96816, telephone: (808) 733-9010, fax: (808) 733-9015, e-mail: higa@lava.net.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One original and four copies

**ALL MAIL-INS MUST BE POSTMARKED BY THE USPS BEFORE 12:00 MIDNIGHT,
January 14, 2005**

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, HI 96801-3378

DOH RFP Coordinator

Valerie K. Ako
For further info or inquiries
Phone: (808) 586-4556
Fax: (808) 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M.,
January 14, 2005**

Drop-off Sites

For applicants located on **Oahu**:

Department of Health
Administrative Services Office
Room 310, Kinau Hale
1250 Punchbowl Street
Honolulu, HI 96313

For applicants located in **East Hawaii**:

Department of Health
Hawaii District Health Office
State Office Building, Room 105
75 Aupuni Street
Hilo, Hawaii
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii**:

Department of Health
Hawaii District Health Office at Kona
Kealahou Business Plaza, Room 103
81-980 Halekii Street
Kealahou, Hawaii
Attn: DOH Administrative Services Office

For applicants located on **Kauai**:

Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: DOH Administrative Services Office

For applicants located on **Maui**:

Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Wailuku, Maui
Attn: DOH Administrative Services Office

BE ADVISED: All mail-ins postmarked USPS after 12:00 midnight, January 14, 2005, will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., January 14, 2005.

Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., January 14, 2005.

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawai'i Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch

Department of Health
 State of Hawai'i
 3627 Kilauea Avenue, Room 306
 Honolulu, HI 96816
 Telephone: (808) 733-9010; Fax: (808) 733-9015

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	October 12, 2004
Distribution of RFP	October 12, 2004
RFP orientation session	November 16, 2004
Closing date for submission of written questions for written responses	December 3, 2004
State purchasing agency's response to applicants' written questions	December 10, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	December 3, 2004
Proposal submittal deadline	January 14, 2005
Discussions with applicant after proposal submittal deadline (optional)	January-April 2005
Final revised proposals (optional)	January-April 2005
Proposal evaluation period	January-April 2005
Provider selection	March-April 2005
Notice of statement of findings and decision	March-April 2005
Contract start date	July 1, 2005

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows: November 16, 2004, at 9:30 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawai'i. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Ray Higa at (808) 733-9010.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than

4:30 p.m. H.S.T., on December 3, 2004, in order to generate written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person(s) identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency. Deadline for submission of written questions is **December 3, 2004**. All written questions will receive a written response from the state purchasing agency. State agency responses to applicant written questions will be provided by **December 10, 2004**.

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services*, and *For*

Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement or call the State Procurement Office at (808) 587-4706.

- 6. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawai'i, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

One original and four (4) copies of the proposal are required. Proposals must be postmarked before 12:00 midnight, January 14, 2005, or delivered to the designated drop-off sites by 4:30 p.m., January 14, 2005. Any proposal postmarked or received after the designated date and time shall be rejected. Faxed proposals or proposals transmitted by e-mail are **not** acceptable.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawai'i State Legislature website at www.capitol.hawaii.gov. Or go directly to: www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawai'i Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawai'i Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawai'i is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawai'i Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawai'i Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

Procurement Officer

Name: Ann Kinningham

Title: Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai'i, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures
- (2) Quality of Services
- (3) Financial Management

(4) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai'i State Department of Health is to empower people in Hawai'i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD services provided by the Hawai'i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure HIV/STD prevention services that will reduce the transmission of HIV.

B. Description of the goals of the service

Increase knowledge of serostatus and reduce the frequency of HIV risk behaviors among the indicated populations on Oahu through primary prevention interventions for people living with HIV, HIV antibody counseling, testing and referral, outreach, individual-level interventions and prevention case management.

C. Description of the target population to be served

Services are to be provided to adult and young women at risk for contracting or transmitting HIV because they engage in unprotected anal or vaginal intercourse or share drug injection equipment. Services must focus on those women who are HIV infected and at risk for transmitting HIV to others, and on women who are HIV negative or whose HIV status is unknown and who:

1. exchange sex for money or drugs;
2. engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or
3. have one or more sexual partners who are HIV-positive, MSM, or IDU.

Services should be inclusive of women who inject drugs, and the program will need to address IDU-related risk when appropriate for a particular client; the program should not, however, specifically design services to reach female IDU who are not otherwise included in the above categories, as services of the statewide syringe exchange program are specifically designed to reach them.

In addition to working directly with these women, it is also important that services be made available to their sexual partners when possible.

D. Geographic coverage of service

O`ahu

E. Probable funding amounts, source, and period of availability

Probably funding: \$110,000 each fiscal year (pending legislative appropriations and the availability of funds.)

Source of funds: State

Availability: 7/1/05-6/30/06 with an extension possible for 7/1/06 to 6/30/07

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

None

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed

☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☒ Single

☐ Multiple

☐ Single & Multiple

Criteria for multiple awards: Not Applicable to this RFP

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract: 7/1/05-6/30/06

Length of each extension: twelve months

Number of extensions possible: one

Maximum length of contract: 24 months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: extension must be in writing and must be executed prior to expiration of the initial contract term.

F. RFP contact person

The individuals listed below are the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Mr. Timothy McCormick: (808) 733-9281,
tjmccorm@camhmis.health.state.hi.us; or
 Mr. Ray Higa: (808) 733-9010, higa@lava.net
 STD/AIDS Prevention Branch
 State of Hawai'i Department of Health
 3627 Kilauea Avenue, Room #306
 Honolulu, HI 96816

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV prevention services that are consistent with the recommendations made by the Hawai'i State HIV Prevention Community Planning Group (CPG) in the 2004 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan"). Services sought under this RFP include the following services to be provided to the described population. The requested services represent interventions identified in the Plan as being critical for preventing the greatest number of new HIV infections; the

population to be served includes two populations prioritized in the Plan: HIV positive individuals are the highest priority population; Women at risk are the sixth priority population.

1. HIV Antibody Counseling, Testing and Referral Services (CTR), including Partner Counseling and Referral Services (PCRS)

It is critical that individuals who are HIV infected learn their HIV status. Individuals who find out that they are HIV infected can access medical interventions to maintain their health, and can take steps to reduce their risk of transmitting HIV to others. Individuals with current high risk behavior who do not test HIV positive can be supported in retesting at appropriate intervals, and can be provided with assistance in changing their current high-risk behaviors.

The majority of CTR services shall be specifically targeted to women who exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. In addition, CTR shall also be provided to the sexual partners of these women.

When an individual tests positive for HIV, voluntary PCRS is an integral part of CTR. PCRS is offered whenever the individual testing positive has had partners who may need to be made aware that they should consider accessing CTR. PCRS can involve assisting the client in planning and skill-building to notify partners directly, or eliciting partner names and locating information so that SAPB staff can notify partners while maintaining the anonymity of the client, or a combination of both.

a. Counseling, Testing and Referral Services (CTR) for Women at risk and their Partners

CTR shall be specifically targeted to women at risk for being HIV infected. In addition, CTR should be made available, as possible, to the male sexual partners of women at risk, and to the needle sharing partners of women who inject drugs. CTR may only be conducted by individuals who have been trained and maintain current certification by the SABP to perform CTR. The SABP CTR Training/Quality Assurance Coordinator will be available to support agencies in implementing effective, appropriate CTR services. The SABP will provide contractors with test kits and materials to conduct OraSure® or blood draw testing and will provide for processing of these tests through the State Laboratory.

CTR must be conducted in accordance with current STATE

policies and procedure for CTR. **All contractors will be expected to ensure that at least 80% of individuals accessing testing receive their test results.** CTR activities must provide PCRS and linkages to STD screening and treatment, and hepatitis education, screening, vaccinations and treatment as appropriate. **CTR is a required activity. All of the staff members who make up the required FTE for this RFP (see section B.1.a. [Staffing]) must be available to perform CTR.**

b. CTR using Rapid Test Technologies

Applicants may propose to conduct CTR using rapid test technologies, but are not required to do so. For contractors planning to conduct CTR using rapid test technologies, the SAPB will make available a limited number of rapid test kits and controls, and provided limited technical assistance. Certified HIV counselor/testers are required to complete additional training specific to rapid testing prior to administering these tests. Contractors will be required to verify with the SAPB that all training and quality assurance measures have been met prior to implementing rapid testing. In addition to meeting the overall CTR return rate objective of 80%, contractors using rapid testing in their CTR program, will be expected to:

- 1) return at least 90% of test results to individuals tested with the rapid test; and
- 2) return at least 90% of positive tests results (regardless of test technology used).

2. Prevention for Positives (P4P)

P4P services aim to reduce new HIV infections primarily by assisting individuals in reducing their risk of transmitting HIV to others. P4P services are to be provided to women living with HIV to assist them in reducing their risk for transmitting HIV to others. In addition, P4P services should be provided, as possible, to men living with HIV who have sex with women to assist them in reducing their risk for transmitting HIV to women. Given that many individuals living with HIV may not need care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others, P4P services must not be limited only to clients of a provider's care case management services, and agencies must make P4P services available outside of the agency.

The STATE seeks the provision of one-on-one, client-centered, skills building, counseling, and support to individuals living with HIV to reduce

their risk for transmitting HIV to others. This includes two different interventions: individual-level interventions (ILI) and prevention case management to reduce HIV risk (PCM). In addition to these interventions, P4P services shall include linkages to STD screening and viral hepatitis education, screening, vaccinations and treatment as appropriate.

Based upon CPG recommendations, the STATE commissioned a study to collect information and make recommendations regarding the provision of P4P services in Hawai'i. The study report, *Primary Prevention Needs for People Living with HIV in Hawai'i* (Bopp et al. 2002) is available from the SAPB. In addition, *Hawai'i's Work Plan for Primary and Secondary HIV Prevention Work with HIV-Positive People and their Partners* (White, 2004) is available from the SAPB. In planning and implementing P4P services, applicants are expected to consult these two documents.

P4P services shall be provided in part by a dedicated P4P peer staff person. The minimum staffing requirement for the P4P-specific position is stated below in *section B.1.a., (Staffing)*. The P4P staff person should provide CTR and at least some of the P4P ILI, and may also provide non-P4P services. An SAPB statewide P4P coordinator will be available to support agencies and their P4P staff in implementing these services. The P4P staff person will be expected to work closely with the statewide P4P coordinator, as well as to collaborate with P4P staff at other agencies to support each other and share expertise to most effectively meet the needs of clients and support them in reducing their risk of transmitting HIV to others. It is very unlikely that a female P4P peer staff person will be hired anywhere else in the state. As such, if a female P4P peer staff person can be identified and hired for O'ahu, she will play a critical role with the statewide P4P coordinator and with neighbor island agencies in meeting the primary prevention needs of HIV-positive women in other parts of the state. Any expenses that may arise related to travel to provide support for P4P to women on neighbor islands will be borne by the neighbor island agency or by the STATE. Applicants need not budget funds from the RFP to cover such expenses.

a. P4P Individual-level Interventions (ILI)

ILI shall be provided as a main component of P4P services. ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her/his risk for transmitting HIV to others. The intervention

must include activities to build appropriate skills the client can use in reducing their risk. **P4P ILI is a required activity.**

b. P4P HIV Prevention Case Management (PCM)

Some individuals living with HIV face considerable barriers to reducing their risk for transmitting HIV to others, and their risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-building that occur during ILI. These individuals may be able to reduce their risk through participation in a PCM intervention. PCM programs are required to have a written program protocol. PCM includes substance abuse and/or mental health counseling services and requires the availability of staff with appropriate clinical skills to provide these services. In addition, an effective PCM program often depends upon the availability of resources in the community to address mental health and substance abuse counseling needs. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM. While PCM counseling sessions are generally client-centered, clients are likely to have a range of needs not directly related to HIV prevention and the provider must maintain an HIV prevention focus within the intervention. **PCM is not a required activity; however, regardless of whether or not the applicant proposes to provide PCM, the applicant must identify community substance use and mental health resources for HIV infected clients with these issues. An agency will only be permitted to provide PCM if it has a written program protocol and staff with appropriate clinical skills are available or can be hired.**

3. Outreach to Women at Risk

Services to women at risk shall be provided through extensive outreach. Outreach shall include street-based outreach to women who exchange sex for money or drugs, and to women who use drugs such as crystal methamphetamine or crack cocaine. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages to CTR, STD screening and treatment, syringe exchange services, and hepatitis screening, vaccinations and treatment as appropriate, and when appropriate engaging individuals for P4P services. **Outreach is a required activity. The minimum staffing requirement for outreach is stated below in section B.1.a. (Staffing).**

4. Individual-level Interventions to Women at Risk

ILI shall be provided to women at risk who are HIV negative or who are unaware of their status and who exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. ILI may also be provided to male partners of HIV-positive women. (Note that services to women who are HIV-positive should be categorized under P4P.) ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For women in these ILI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encourage and supported in accessing CTR, and retesting at appropriate intervals. **ILI is a required activity.**

5. Integration of Sexually Transmitted Disease (STD) & Viral Hepatitis Services in HIV Prevention

a. Sexually Transmitted Diseases (Syphilis, Gonorrhea & Chlamydia)

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improves the health of those infected and prevents further spread of these diseases, but may also play a significant role in reducing the spread of HIV. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

b. Viral Hepatitis

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting viral hepatitis. Vaccinations for Hepatitis A and B are available and information about the availability of these vaccinations, and linkages to Hepatitis A and B screening and vaccinations should be incorporated into HIV prevention efforts for appropriate clients. Information on Hepatitis C, as well and linkages to

Hepatitis C screening and treatment should be incorporated into HIV prevention for appropriate clients. The SAPB Hepatitis Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

a. Staffing

Services requested in this RFP shall be provided by a minimum of **2.0 FTE** prevention workers for the provision of direct services. Of this, at least **0.5 FTE** must be a P4P-specific person; at least **0.5 FTE** must be devoted to providing outreach.

b. Staff Training and Development

Applicant shall insure that:

- (1) **HIV Counselor/Tester Certification:** all of the staff members who make up the required FTE for this RFP (see *a. Staffing* above) maintain current HIV counselor/tester certification from the SAPB;
 - (a) **Initial Certification:** in order to be eligible for certification, new or not yet certified staff complete the four-day *Fundamentals of HIV Counseling & Testing* course; complete CTR observation by the SAPB CTR Training/Quality Assurance Coordinator (or by a counselor/tester designated by the SAPB); and complete the one day *Partner Counseling & Referral Services* course. The SAPB makes every effort to offer these courses when needed;
 - (b) **Maintaining Certification:** in order to maintain current certification, all HIV counselor/testers attend the one-day *Annual HIV Counselor/Tester Update*. This meeting will be held in Honolulu. Any alternate arrangements for maintaining certification shall be at the discretion of SAPB. SAPB makes all decisions regarding certification of individual counselor/testers and certification can be withheld or suspended at the discretion of SAPB;
- (2) **Evaluation requirements:** the contracted agency send representation to one SAPB evaluation training each year of the contract. Appropriate representation includes agency personnel involved with evaluation of prevention interventions (for example, the HIV Prevention Director). During periodic site visits, the Evaluation Specialist will meet with appropriate agency staff to discuss evaluation issues or conduct training on evaluation or data collection;

- (3) **Outreach Worker Meeting Requirements:**
 - (a) **P4P:** the contracted agency's P4P staff person attend quarterly P4P meetings.
 - (b) **WRAC:** program staff participate fully in WRAC, the statewide outreach worker meeting for HIV prevention to women at risk. Participation shall include attendance at each of the quarterly WRAC meetings by a minimum of one staff member who is prepared to represent the provider's program;
- (4) **AEQ Requirements:** all prevention workers working more than .5 FTE on this contract attend a minimum of three AIDS Educators Quarterly meetings. Prevention workers working .5 FTE or less shall attend a minimum of one AIDS Educators Quarterly meeting;
- (5) **New Staff Training Requirements:** new staff members receive initial training within sixty (60) days of employment. This training shall ensure that they:
 - (a) have correct factual knowledge of HIV, STDs and hepatitis, including:
 - i. history and epidemiology of the HIV epidemic
 - ii. biology of HIV
 - iii. modes of HIV transmission
 - iv. information on STDs
 - v. information on hepatitis A, B & C
 - vi. populations at risk for HIV
 - vii. utilizing theories of behavioral interventions
 - viii. treatment of HIV infection
 - ix. community resources statewide
 - x. HIV antibody counseling and testing sites statewide
 - (b) understand clearly the populations to be served under this contract
 - (c) understand the purposes of activities they will be implementing
 - (d) are oriented to behavioral interventions
 - (e) understand basic methods and uses of evaluation
 - (f) are familiar with the specific requirements of the contract

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;
- (6) **Outreach Training and Support Requirements:** all prevention workers receive appropriate training and support on an on-going basis. All training completed by staff shall be reported to the SAPB in the quarterly program reports. SAPB and SAPB contractors will provide, at no charge, various types of training and support to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. All prevention workers working more

than .5 FTE shall, over the course of the annual contract period and in addition to activities required above in items (1)-(5), attend a minimum of one training or support activities approved by the SAPB.

2. Administrative

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

- a. fiscal or accounting policies and procedures, or both;
- b. written personnel policies and procedures;
- c. written program policies and procedures;
- d. written policies required by applicable federal, state, or county laws; and
- e. client and employee grievance policies and procedures.

3. Quality assurance and evaluation specifications

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The applicant shall describe how it plans to evaluate its program and use that information internally for program. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 7.a Reporting Requirements for Program and Fiscal Data*.

Throughout the contract period, the contracted agency will also be required to:

- a. discuss any planned **outcomes monitoring** or **outcomes evaluation** activities with SAPB before implementation;
- b. submit any instruments used for **outcomes monitoring** or **outcomes evaluation** to SAPB for review;
- c. participate in any evaluation activities conducted by the SAPB or its contractors;
- d. submit any proposed **outcomes evaluation** studies involving prevention interventions funded by SAPB, even if the evaluation itself is not funded by SAPB, to the DOH institutional review board (IRB) for approval, as required by DOH policy;
- e. conform to changes in reporting requirements mandated by the STATE;
- f. collect and submit required data as mandated by SAPB; and
- g. make available HIV prevention data for audit by SAPB.

Applicants should plan to devote a minimum of 0.10 FTE to evaluation-related activities.

4. Performance measurements

Program activities must clearly explain their program logic and should be based on intervention models with proven effectiveness. Whenever possible, proposed programs should be based on programs found to be proven effective in the published literature. Program logic should link the intervention with the pertinent performance measures.

The contract based on this RFP will include performance measures operationalized as objectives for each intervention. The applicant shall use the objectives provided in Section 3 *Proposal Application*. The applicant is required to propose objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be evaluated based on its performance on objectives during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

All interventions will have associated objectives and the applicant must explain the intended results of all interventions in their proposal. Measurement of objectives can be accomplished using data collections forms provided by SAPB.

5. Experience

Not applicable

6. Coordination of services

The provider shall be required to coordinate services with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Notification programs, the statewide P4P Coordinator, and the SAPB Hepatitis C Coordinator.

7. Reporting requirements for program and fiscal data

Applicant shall be required to:

- a. provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:
 - (1) a **budget report** indicating expenses incurred;
 - (2) a **table** indicating the provider's quarterly and year-to-date

- progress on contract objectives;
 - (3) **client-level data** for all clients in HIV prevention interventions will be collected and submitted to the SAPB. The format for data collection and the process for submission will follow CDC and DOH guidelines. Note that aggregate data will be collected and submitted for outreach clients;
 - (4) **a narrative report.** The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
 - (5) **any additional information requested** by SAPB to satisfy program monitoring requirements.
- b. report the data specified in Sections 5.a.(1)-(5) to the State using the **internet-based Program Evaluation and Monitoring System (PEMS)** as required by SAPB.
- c. provide the State with an **annual** or **final written report** within thirty (30) days after the end of the fiscal year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. An annual report is required at the end of each fiscal year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period. Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

8. Pricing structure or pricing methodology to be used

Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

9. Units of service and unit rate

Not applicable

IV. Facilities

Not applicable

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section, including all attachments.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *Proposals must be in a standard 12 point font, single spaced, single sided, with one inch margins.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities. Contractors will be required to enter and report client-level and other program data using PEMS. Significant training will be provided to CBOs, including outreach workers, in preparation for the transition to PEMS.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including the following:

A. SERVICE DELIVERY PLAN FORM

Each proposed activity must be listed and categorized under the appropriate CDC intervention category using the HIV Prevention Service Delivery Plan form (*Attachment D*). All required data must be completed.

B. PROPOSED INTERVENTIONS

1. COUNSELING, TESTING AND REFERRAL (CTR)

How this program will increase the use of HIV counseling and testing among high-risk individuals within the focus population. Include, as appropriate:

- a. how the program will promote counseling and testing;
- b. how the program will provide these services directly through outreach counseling and testing;
- c. how the program will collaborate with other counseling and testing services;
- d. whether or not the program will use rapid testing technologies (if so, the applicant must either include appropriate costs in the proposed budget, or explain how these costs will be covered from other sources);
- e. how, if at all, the program will link counseling and testing participants to other prevention services, including, but not limited to, ILI and PCM;
- f. how the program will link HIV positive counseling and testing participants to P4P, care and case management services; and
- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in “number” to reflect the agency’s goals for counseling, testing, and referral clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
 - 1) By the end of the fiscal year, the applicant will provide HIV antibody CTR to at least (number) sexual or needle sharing partners of HIV infected individuals.
 - 2) By the end of the fiscal year, the applicant will have a return rate of at least 80% for HIV antibody testing results for sexual or needle sharing partners of HIV infected individuals.
 - 3) By the end of the fiscal year, the applicant will provide HIV antibody CTR to at least (number) women at risk.
 - 4) The applicant will have a return rate of at least 80% for HIV antibody testing results for women at risk.
 - 5) By the end of the fiscal year, the applicant will provide HIV antibody CTR to at least (number) sexual partners of women at risk.
 - 6) The applicant will have a return rate of at least 80% for HIV antibody testing results for sexual partners of women at risk.
 - 7) The applicant will have an overall return rate of at least 80% for all HIV antibody testing results returned to individuals targeted under this contract.
 - 8) If the applicant uses rapid test technology, the applicant will have a return rate of at least 90% for HIV antibody test results to individuals targeted with the rapid test.
 - 9) If the applicant uses rapid test technology, the applicant will have an overall return rate of at least 90% for positive HIV antibody test results

(regardless of test technology used).

2. HIV PREVENTION INDIVIDUAL-LEVEL INTERVENTIONS TO PEOPLE LIVING WITH HIV (P4P ILI)

A detailed description of the individual-level intervention (ILI) activities that will be implemented as part of P4P services. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective ILI;
- c. the HIV prevention-related skills that will be addressed;
- d. how it will be determined that the client should exit from the ILI services;
- e. FTE to be devoted to the intervention;
- f. how service will be made accessible to individuals not accessing care case management services; and
- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for P4P ILI clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
 - 1) By the end of the fiscal year, the applicant will provide at least (number) HIV-positive individuals at risk for transmitting HIV with peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: This objective refers to all clients *enrolled* in P4P ILI.]
 - 2) By the end of the fiscal year, the applicant will provide at least (number) HIV-positive individuals at risk for transmitting HIV each with a minimum of (number) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: This objective refers to P4P clients who have *completed* the ILI intervention. The second number indicates the intended minimum number of session per client (i.e., three, four, etc.)]
 - 3) By the end of the fiscal year, no more than (number) percent of the HIV-positive individuals enrolling in ILI will be HIV care case management clients at the time of P4P enrollment. [Note: This objective is intended to ensure that some P4P ILI clients are not case management clients of the CBO. An individual is defined as being a case management client if they have been in case management within the last two years.]
 - 4) By the end of the fiscal year, at least (number) percent of P4P ILI clients completing the intervention will decrease the frequency of unprotected anal and vaginal sex with partners of negative or unknown HIV status; and/or decrease the number of sexual partners with negative or unknown HIV status with whom they have unprotected sex; and/or decrease the frequency of needle sharing; and/or the number of needle sharing partners.

3. HIV PREVENTION CASE MANAGEMENT FOR PEOPLE LIVING WITH HIV (P4P PCM)

A detailed description of the HIV prevention case management (PCM) activities that will be implemented as part of P4P services. Include:

- a. a description of each activity and how it will be implemented. The program's proposed protocol for PCM should be discussed in the application and the protocol should be submitted as an attachment to the proposal;
- b. the activity's program logic and the activity's link to a demonstrated effective PCM intervention;
- c. the HIV prevention-related skills that will be addressed;
- d. PCM personnel expertise, including referral resources;
- e. identification of sources of clinical consultation for staff implementing PCM;
- f. how it will be determined that the client should exit from PCM services, including a discussion of whether completion of the intervention will be determined by a pre-set number of sessions or whether it will be a client-specific number of sessions based on his or her risk assessment. This information should be documented in the PCM protocol;
- g. FTE to be devoted to the intervention;
- h. how service will be made accessible to individuals not accessing HIV care case management services; and
- i. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for P4P PCM clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
 - 1) By the end of the fiscal year, the applicant will provide at least (number) HIV-positive individuals at risk for transmitting HIV with peer-based, client-centered PCM sessions between 30 and 90 minutes in duration. [Note: This objective refers to all clients *enrolled* in P4P PCM.]
 - 2) By the end of the fiscal year, the applicant will provide at least (number) HIV-positive individual at risk for transmitting HIV each with at least (number) peer-based, client-centered PCM sessions between 30 and 90 minutes in duration. [Note: This objective refers to P4P clients who have *completed* the PCM intervention. The second number indicates the intended minimum number of session per client (i.e., three, four, etc.) If an agency does not opt for a pre-set number of sessions to determine PCM completion, indicate that in your response to this objective.]
 - 3) By the end of the fiscal year, no more than (number) percent of the HIV-positive P4P PCM clients will be HIV care case management clients at the time of P4P enrollment. [Note: This objective is intended

to ensure that some P4P PCM clients are not case management clients of the CBO. An individual is defined as being a case management client if they have been in case management within the last two years.]

- 4) By the end of the fiscal year, the applicant will provide PCM referrals to at least (number) P4P clients to access more specialized services.
- 5) By the end of the fiscal year, at least (number) percent of P4P PCM clients completing the intervention will decrease the frequency of unprotected anal and vaginal sex with partners of negative or unknown HIV status; and/or decrease the number of sexual partners with negative or unknown HIV status with whom they have unprotected sex; and/or decrease the frequency of needle sharing; and/or the number of needle sharing partners.

4. OUTREACH TO WOMEN AT RISK

A description of the outreach activities that will be implemented. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective outreach program;
- c. the intended results of the program;
- d. FTE that will be devoted to the intervention; and
- e. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for outreach to women at risk. Progress on objectives will be determined using information collected by the contracted agency.

Objectives:

- 1) By the end of the fiscal year, the applicant will make at least (number) outreach contacts with women at risk.
- 2) By the end of the fiscal year, the applicant will distribute at least (number) condoms to women at risk outreach contacts.
- 3) By the end of the fiscal year, the applicant will distribute at least (number) safer sex kits to women at risk outreach contacts.
- 4) The applicant will have an acceptance rate for condoms and safer sex kits of at least (number) percent for women at risk.
- 5) By the end of the fiscal year, the applicant will distribute at least (number) lubricant to women at risk outreach contacts.
- 6) By the end of the fiscal year, (number) women at risk outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CTR, ILI, GLI, PCM, or STD screening.

5. HIV PREVENTION INDIVIDUAL-LEVEL INTERVENTIONS TO WOMEN AT RISK

A detailed description of the individual-level intervention (ILI) activities

(other than P4P) that will be implemented to women (or their partners).
Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective ILI;
- c. the intended results of the program;
- d. the HIV prevention-related skills that will be addressed;
- e. how it will be determined that the client should exit from the ILI services;
- f. FTE to be devoted to the intervention; and
- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for non-P4P ILI clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
 - 1) By the end of the fiscal year, the applicant will provide at least (number) individuals at risk for having or contracting HIV with peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: This objective refers to all clients *enrolled* in non-P4P ILI.]
 - 2) By the end of the fiscal year, the applicant will provide at least (number) individuals at risk for having or contracting HIV each with a minimum of (number) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: This objective refers to non-P4P clients who have *completed* the ILI intervention. The second number indicates the intended minimum number of session per client (i.e., three, four, etc.)]
 - 3) By the end of the fiscal year, at least (number) percent of non-P4P clients completing the intervention will decrease the frequency of unprotected anal and vaginal sex with partners of positive or unknown HIV status; and/or decrease the number of sexual partners with positive or unknown HIV status with whom they have unprotected sex; and/or decrease the frequency of needle sharing; and/or the number of needle sharing partners.

6. INTEGRATION OF STD AND VIRAL HEPATITIS IN HIV PREVENTION SERVICES

A detailed description of the integration activities that will be implemented.
Include:

- a. a description of integration activities and how they will be implemented;
- b. program linkages to STD and hepatitis prevention involving the priority populations; and
- c. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's proposed goals for integration of STD and viral hepatitis into HIV

prevention services. Progress on objectives will be determined using information collected by the contracted agency. Objectives:

- 1) By the end of the fiscal year, the applicant will provide at least (number) referrals for STD and/or hepatitis services to P4P clients.
- 2) By the end of the fiscal year, the applicant will provide at least (number) referrals for STD and/or hepatitis services to the sexual and drug using partners of P4P clients.
- 3) By the end of the fiscal year, the applicant will provide at least (number) referrals for STD and/or hepatitis services to women at risk.
- 4) By the end of the fiscal year, the applicant will provide at least (number) referrals for STD and/or hepatitis services to partners of women at risk.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification – Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases

Neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

*SPECIAL BUDGET INSTRUCTIONS:

On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment E: "Sample: Form SPO-H-205"*):

- a. column "a" showing the total budget request. For each line, the figure in column "a" must be the sum of the figures in the other columns.
- b. column "b" showing all proposed *direct program costs* funded under this

- RFP;
- c. column “c” showing all proposed *administrative costs* funded under this RFP; and
 - d. additional column(s) showing any proposed expenditures under this RFP that cannot be categorized in columns “b” or “c”.

For purposes of this RFP, “direct program costs” include wages and benefits of employees who directly provide services to clients, costs related to contractually required training and attendance at meetings for these employees, and the cost of materials and supplies used to provide contract services directly to clients. “Administrative costs” include depreciation, lease or rental of space or equipment, the costs of operating and maintaining facilities (including insurance, utilities, telecommunications, etc.) and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment F: “Sample Narrative Budget Justification”*).

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant’s accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- A copy of the Applicant’s most recent financial audit.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

100 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- a. Necessary Skills
 - Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- b. Experience
 - Experience delivering similar services.
 - Quality of performance on previous contracts with the state purchasing agency (if any).
- c. Quality Assurance and Evaluation
 - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- d. Coordination of Services
 - Demonstrated capability to coordinate services with other agencies and resources in the community.

- e. Facilities
 - Adequacy of facilities relative to the proposed services.

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- a. Staffing
 - Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
 - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.
- b. Project Organization
 - Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
 - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. *Service Delivery (55 Points)*

The State will evaluate the applicant's approach to the service activities and management requirements outlined in the Proposal Application, including:

- Logic of the work plan for the major service activities and tasks to be completed.
- Clarity in work assignments and responsibilities.
- Clarity and detail of planned activities.
- Extent to which activities are based on models with evidence of effectiveness.
- Extent to which proposed objectives are reasonable and based of past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of the RFP, given the capacity, time and resources available.
- Realism of the timelines and schedules, as applicable.

4. *Financial (10 Points)*

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.

- The budget fully supports the scope of service and requirements of the RFP.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Definitions and Abbreviations
- D. Service Delivery Plan Form
- E. Sample Form SPO-H-205
- F. Sample Narrative Budget Justification

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website* Special Instructions are applicable, Section 5	X	
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Narrative Budget Justification		Section 5, RFP	X	
Service Delivery Plan Form		Section 5, RFP	X	

Authorized Signature

Date

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RFP Definitions

Interventions:

Community Level Interventions are a distinct class of programs characterized by their scope and objectives. Community level interventions are designed to reach a defined community rather than an individual. “Community” in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention.

Group-level Interventions aim to change individuals’ behaviors through risk reduction interactions in group settings. In group level interventions interaction takes place not only between individual participants and the health educator, but also *among* participants. Like individual level interventions, group level interventions include a skills building component. Because of the interactive nature of these groups and the sharing involved, successful groups are often made up of individuals who are members of the same community and who face similar HIV prevention issues. Group level interventions may use peer and non-peer models involving a wide range of skills, information, and support. Group level interventions do not include single session education presentations or lectures. Those activities are considered Health Communication/Public Information.

Health Communication/Public Information involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support of safe behavior, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. While public information often includes activities directed to the general public, priority should be given to efforts directed at hard-to-reach members of the focus population and subgroups covered by this RFP. Health communication/public information activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures.

HIV Counseling, Testing and Referral supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test

counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

Individual-Level Interventions¹ aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. ILI is a multiple sessions intervention with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her HIV transmission or infection risk. The intervention must include activities to build appropriate skills the client can use in reducing their risk. These interventions may be peer or non-peer based, and involve a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Individual-level interventions may occur in an outreach or institutional (school, office, workplace, etc.) setting. Individual-level interventions also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Outreach¹ interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. Outreach usually involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccinations and treatment, and to PHIP services. Outreach is also a term used to describe a method of delivering interventions such as ILI, CTR and PCM, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

Prevention Case Management is a more intensive intervention than ILI for individuals with multiple, complex problems that create barriers to reducing risk for transmitting or contracting HIV. PCM is a hybrid of HIV risk reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health

¹**Outreach vs. Individual-Level Interventions:** Both outreach and ILI involved one-on-one contact, and since ILI are often provided in outreach settings, these are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an individual-level intervention. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, ILIs, unlike outreach, are intended to be multiple session interventions.

counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of PCM must be to reducing HIV risk. PCM is a multiple sessions intervention, with sessions lasting at least 30 minutes.

Goals, Objectives and Evaluation:

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish—the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is “to decrease the transmission of HIV infection among MSM in Hawai’i.”

Objectives are statements of what a program will do or achieve in order to reach the program’s overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe a **process**, or an **outcome** of a program:

Process Objectives state what activities will be *conducted by program staff* in order to accomplish one or more of the program’s outcome objectives. Each process objective must be accompanied by process evaluation activities.

Outcome² Objectives are the intended results of a program. Outcome objectives are phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Most outcome objectives specify a change in what members of the target population do or express after program participation. These changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program’s stated goal.

Process Monitoring collects data describing the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: “*What services were delivered?*” and “*What population was served*” and “*What resources were used?*”

²**Outcomes and Impacts:** *The terms “outcome” and “impact” are often used interchangeably or with opposite meanings. We will use “outcome” to refer to the immediate results of an intervention, and “impact” as the longer range results. Outcomes are the result of your intervention, while impacts are likely to be the results of many factors and not just a single intervention. Impacts in HIV prevention are often expressed as changes in the number of new HIV infections.*

Process Evaluation examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions “*Was the intervention implemented as intended?*” and “*Did the intervention reach the intended audience?*” and “*What barriers did clients experience in accessing the intervention?*” Process evaluation activities should measure, at a minimum, progress on specific process objectives as well as how that information is being used for program improvement.

Outcomes Monitoring measures changes in clients’ knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a “comparison group” of individuals who do not participate in the intervention so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: “*Did the expected outcomes occur?*” Outcomes monitoring activities should measure, at a minimum, progress on specific outcomes objectives and how that information is being used for program improvement.

Outcomes² Evaluation measures changes in clients’ knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a “comparison” group means that client changes can be attributed to the intervention. Outcomes evaluation answers: “*Did the intervention cause the expected outcomes?*”

Primary HIV Prevention

Primary prevention activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

These definitions are drawn from a number of sources, including: “Evaluating CDC-funded Health Department HIV Prevention Programs,” August 2001; “CDC Announcement 99004: HIV Prevention Projects;” “Program Evaluation: A One Day Overview” course manual, San Francisco STD/HIV Prevention Training Center, 11/4/96, and “Using Evaluation for Program Improvement and Capacity Building,” participant notebook, CDC/ORC Macro Training, Berkeley, CA, 3/25/02-3/26/02.

RFP ABBREVIATIONS

ADA	Americans with Disabilities Act
AEQ	AIDS Educators Quarterly Meeting
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral
DOH	Hawai`i Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week.
Gay MAP	Gay Men's AIDS Prevention; the statewide outreach worker meeting for HIV prevention to MSM
GLI	group-level intervention
HIV	human immunodeficiency virus
HIV+	HIV-positive; living with HIV
IDU	injection drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.
MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as

	“primary prevention for HIV infected persons” (PHIP)
PCM	prevention case management
PCRS	partner counseling and referral services
PHIP	Primary prevention for HIV infected persons. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “prevention for positives” (P4P)
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.
SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	the statewide outreach worker meeting for HIV prevention to TG
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	the statewide outreach worker meeting for HIV prevention to women at risk

SERVICE DELIVERY PLANS: 7/01/05-6/30/06

APPLICANT: _____

DATE: _____

CTR, ILI, GLI, PCM, HC/PI, Outreach Service Delivery Plan Form

Fill in the boxes with the corresponding information for each risk population for each proposed intervention. An example is provided in the worksheet below.
An empty worksheet is provided on the next two pages, followed by a description of each column.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost
Outreach	PSE Outreach to TG at Risk	No	TG at Risk	n/a	200	50%
ILI	P4P	Yes	MSM	3	15	100%
ILI	P4P	Yes	Women at Risk	3	15	100%
CTR	MSM CTR	No	MSM	n/a	50	75%
PCM	MSM/IDU PCM	No	MSM/IDU	variable	4	100%

SERVICE DELIVERY PLANS: 7/01/05-6/30/06

APPLICANT: _____

DATE: _____

CTR, ILI, GLI, PCM, HC/PI, Outreach Service Deliver Plan Form

Fill in the boxes with the corresponding information for each risk population for each proposed intervention.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost

[illegible]

Column Descriptions

Type of Intervention: This column refers to the type of intervention proposed by the contracted agency, such as HIV counseling, testing and referral (CTR), individual-level interventions (ILI), prevention case management (PCM), and outreach.

Intervention Name: This column refers to the name of the intervention and may be as simple as “MSM ILI” or “P4P ILI” or may be a more specific name related to the behavioral intervention selected (such as Mpowerment) or it could be a name given to the program by the agency.

Intervention to Target HIV Positive Individuals? (Yes/No): This question refers only to whether the intervention specifically targets HIV positive individuals (such as the P4P program). Programs that may reach HIV positive individuals, but do not specifically target them as a program goal, would answer no to this question.

Risk Population: This question refers to the six priority populations identified by the Hawaii Community Planning Group and funded by the Hawaii Department of Health. They include, in order of prioritization, HIV+ individuals, MSM/IDU, MSM, IDU, TG at risk, and women at risk.

Number of Sessions Constituting a Completed Intervention: This column refers to the number of sessions required to complete an intervention with a client. An agency must specify the number of sessions required for a client to complete an ILI in its contract with DOH. For PCM, the agency may determine upon completion of a risk assessment at intake, how many sessions is required for that client to reach his or her risk reduction goals.

Percent DOH Contribution to Total Intervention Cost: This column refers to the percent that DOH funds are expected to contribute to total costs to provide the intervention to a specific risk population. For example, if an agency is receiving funding for CTR to MSM from multiple sources, DOH needs to know not only how many MSM clients are being tested using DOH funds, it needs to know what percentage of total funding that represents (e.g., DOH dollars account for 80% of an agency’s funding for CTR for MSM).

BUDGET

(Period _____ to _____)

Applicant/Provider: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Service Costs (b)	Adminstrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries	70,000	65,100	4,900	
2. Payroll Taxes & Assessments	8,644	8,039	605	
3. Fringe Benefits	7,000	6,510	490	
TOTAL PERSONNEL COST	85,644	79,649	5,995	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	3,640	3,640	0	
2. Airfare, Out-of-State	0	0	0	
3. Audit Services	0	0	0	
4. Contractual Services - Administrative	350	0	350	
5. Contractual Services - Subcontracts	0	0	0	
6. Insurance	500	0	500	
7. Lease/Rental of Equipment	1,200	0	1,200	
8. Lease/Rental of Motor Vehicle	0	0	0	
9. Lease/Rental of Space	5,000	0	5,000	
10. Mileage	1,000	1,000	0	
11. Postage, Freight & Delivery	100	0	100	
12. Publication & Printing	0	0	0	
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies	1,233	980	253	
17. Telecommunication	700	0	700	
18. Transportation	358	358	0	
19. Utilities	275	0	275	
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	14,356	5,978	8,378	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)	100,000	85,627	14,373	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request	100,000	Name (Please type or print) _____ Phone _____		
(b)		Signature of Authorized Official _____ Date _____		
(c)				
(d)		Name and Title (Please type or print) _____		
TOTAL REVENUE	100,000	For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

SAMPLE: NARRATIVE BUDGET JUSTIFICATION

2005 HIV Prevention Budget and Justification

I. PERSONNEL

\$502,500

Request includes 16 previously funded positions.

- A. Disease Intervention Specialists (DIS) \$265,200
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4),
(Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O`ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai'i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides

of the island -- Hilo and Kona; and one half-time position for the island of Kaua'i.

- B. Clerk Stenographer 0.50 FTE \$11,500
(Employee 10)
This position is under the DOH and will be housed on O`ahu. 50% of the position is charged to this budget. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

- C. Public Health Educator IV \$138,700
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O`ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

II. FRINGE BENEFITS 27.17% x \$502,50 \$136,529

TOTAL PERSONNEL COSTS \$639,029

III. TRAVEL \$44,880

- A. In-state Travel \$18,100
1. Interisland Travel \$15,700
a. Counseling and Testing \$2,530

This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include \$300 (\$74 per person x 4 people) air fare; per diem costs of \$160 (\$40 per day x 4 people); car rental costs of \$40; and airport parking fees of \$40 (\$10 per day x 4 people).

Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include \$150 (\$74 per person X 2 trips) airfare; per diem costs of \$720 (\$80 per day X 9 days); car rental costs of \$360 (\$40 per day X 9 days); and airport parking fees of \$100 (\$10 per day X 10 days).

b. Community Planning \$13,170

This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (CPG) and CPG committee meetings. The costs of the meetings include \$6,660 (\$74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.

2. Mileage \$2,400

Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS prevention activities. The estimated cost is \$2,400 (\$50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is \$200 (\$17 per month X 12 months).

IV. SUPPLIES \$94,000

A. ELISA Kits (serum) \$50,400
\$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will

be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is \$50,400. (16,800 tests X \$3.00/test)

B. Reagents and Laboratory Supplies \$5,500
(\$25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

C. Other Counseling and Testing Supplies \$17,500

1. Laboratory Forms \$8,250

11,000 forms X \$.75 per form

2. Paper Supplies and Printing Costs \$1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies \$8,250

This amount is necessary to purchase vacutainers, needles, needle holders, band-aids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at \$0.75 per patient.

D. HIV Antibody Counseling and Testing Supplies (oral) \$13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits
1,620 tests X \$4.00 per test = \$6,480

OraSure oral specimen
collection device 1,350 X \$3.60 = \$4,860

Reagents and other
laboratory supplies \$2,060

E. Educational Supplies \$7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. The pamphlets are distributed to Hawai'i residents on all islands.

20,000 pamphlets @ \$0.36 \$7,200